United States District Court

for

District of New Jersey

Report on Offender Under Supervision

Name of Offender: Irina Zelikson

Cr.: 08-215-01 PACTS #: 51252

Name of Sentencing Judicial Officer: The Honorable Susan D. Wigenton

Date of Original Sentence: 3/22/10

Original Offense: Health Care Fraud, in violation of Title 18: U.S.C. §§ 1349 and 982(a)(7)

Original Sentence: 4 years probation, with special conditions for financial disclosure, no new credit or debt,

DNA, and to pay a \$100 special assessment, \$5,000 fine and \$14,298.26 restitution.

Type of Supervision: Probation

Date Supervision Commenced: 3/22/10

NONCOMPLIANCE SUMMARY

The offender has not complied with the following condition(s) of supervision:

Violation Number Nature of Noncompliance

1

A standard condition of supervision states 'As directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics, and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.' We have discussed our concerns directly with the offender and she became understandably upset and expressed grave concern that if carried out, this notification requirement would essentially end her ability to practice medicine as a profession. It should be noted that because the offender has been convicted of a felony in this case, it is anticipated that the New Jersey State Board of Medical Examiners will take some disciplinary action against the offender.

U.S. Probation Officer Action:

We are requesting that Your Honor make a determination as to whether the offender should be required to make third party notifications to insurers, with whom she is a participating physician.

Respectfully submit

By: Steven Alfrey

U.S. Probation Officer

Date: 5/14/10

A response is necessary so that any action that the court directs can action be taken as follows:
Third Party Notification is required to insurance providers Third Party Notification is NOT required to insurance providers Submit a Request for Modifying the Conditions or Term of Supervision Submit a Request for Warrant or Summons Other Signature of Undicide Officer Date